

**Details of visit****Service Provider:****Service address:****Date and Time:****Authorised****Representatives:****Contact details:****Enter & View****Forge Farm Dental Practice****22 Stannington Rd, Sheffield S6 5FL****22nd December 2015 12-2pm****Helen Rowe, Penny Lewis****Healthwatch Sheffield, The Circle, 33  
Rockingham Lane, Sheffield, S1 4FW****Acknowledgements**

Healthwatch Sheffield would like to thank the management and staff of the surgery for facilitating this visit and giving their time and thanks also to the patients who took time to talk to us on the day for sharing their experiences.

**Disclaimer**

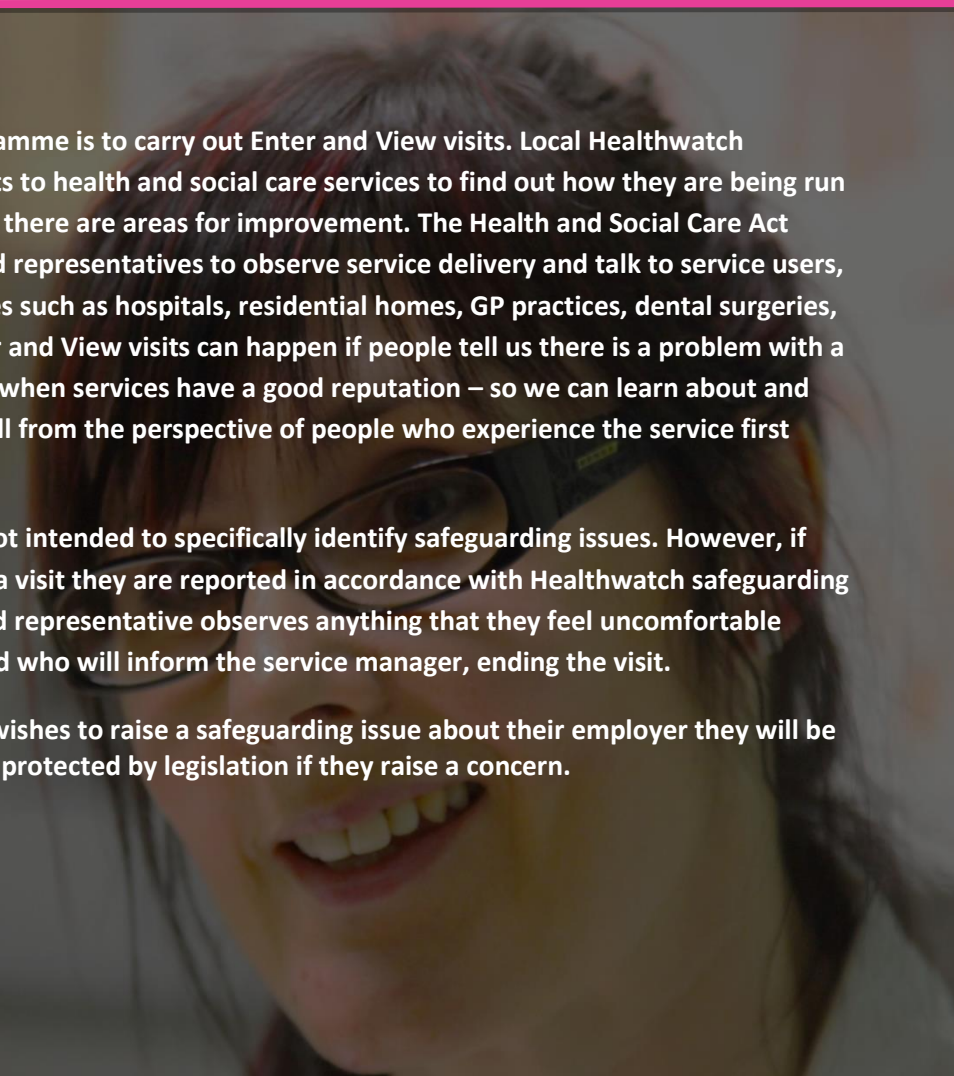
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

**What is Enter and View?**

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.





## Purpose of the visit

- To gather information to inform us about how the practice addresses access issues in general and with reference to those with particular needs.
- To identify examples of good working practice.
- To observe the environment and processes in the public areas during a surgery session.
- To identify any areas for improvement and make suggestions if appropriate.
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## Strategic drivers

- Citywide reporting of difficulty accessing GPs in a timely manner
- Healthwatch Sheffield focus on access for excluded groups
- To explore ways of improving responses to the Friends and Family Test

## Methodology

This was an announced Enter and View visit.

The visit was arranged via the Practice Management team, giving access to the reception, waiting areas, surgeries and sterilisation areas. The visit was advertised by an announcement flyer in the waiting room area. The time agreed coincided with a normal clinic.

The practice manager, receptionists and one of the partner dentists made themselves available for interview. We also had a general discussion with other members of the team while they had their lunch. We also saw 4 patients. All responses were in reply to questions posed by the authorised representatives. No patients attended the surgery to speak to us specifically as a result of the pre-publicity.

## Summary of findings

- We found a well organised practice, with a welcoming and friendly atmosphere, where patients felt the dental treatment they were given was very good
- Clinicians reported a difficult organisational context, where multiple regulatory bodies consumed time that could be spent on patient contact, and where lack of clarity and consistency on treatment bandings raised issues.

- Concerns were expressed about the burden of inspection i.e. by the Deanery, IIP, the BDA, HE, the CQC, and said that these took up valuable clinical time that could be spent on patients. The dental services have to undertake are multiple inspections, yet none of them cover actual dental care. Previously where the standard of practice was observed and checked, there now seems to be more focus on paperwork, the building and of course sterilisation of equipment but not the actual care



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## Results of Visit

### General

Forge Farm is one of a group of two practices, the other being in Southey Hill (the latter being a training practice for final year undergraduates). It is a 5-surgery practice, located on two floors in a large house. It sees about 6,000 patients a year. They are currently accepting NHS patients.

### Access and the Physical Environment

The practice is in a large detached early Victorian house, the first floor of which is accessible to disabled patients via a ramp. There is a small car park, and extra space is available in the social club car park at the rear of the building (although this is not signposted). The practice itself is close to the Malin Bridge 'hub', which has frequent bus services and a tram terminus.

The physical environment is clean, bright, and enhanced by many attractive posters and paintings. The ground floor waiting area had a small area with toys for children, we asked about the hygiene of these and were told they were regularly sanitised. There is a second waiting area on the first floor for those treatment rooms at that level.

The surgeries and sterilisation room have recently been refurbished, and were clean, bright and well decorated. The layout of all surgeries was as similar as the architecture would permit, for ease of dentists' working between surgeries. If any patients have difficulties with stairs, their treatment is done in the ground floor surgeries with the dental practitioners moving rooms to accommodate this.

The reception desk had a low section accessible for wheelchair users. There was a hearing loop available.

There was a clean, spacious and accessible toilet for patients on the lower floor.

A problem with access for obese patients was reported. The dental chairs are suitable for patients up to 21 stone, they are covered by insurance up to this amount. Patients heavier than this are referred to the Community Dental Service. A notice is displayed in reception requesting patients inform them if they exceed 21 stone, but receptionists reported feeling uncomfortable about asking about people's weight.

The Friends and Family questionnaires and collection box were prominently displayed.

## Opening Hours:

|           |               |               |
|-----------|---------------|---------------|
| Monday    | 09:00 - 13:00 | 14:00 - 18:30 |
| Tuesday   | 09:00 - 13:00 | 14:00 - 17:30 |
| Wednesday | 09:00 - 13:00 | 14:00 - 17:30 |
| Thursday  | 09:00 - 13:00 | 14:00 - 17:00 |
| Friday    | 09:00 - 13:00 | 14:00 - 15:30 |

It was reported that 4-6 pm appointments were popular, but that trials of Saturday morning and late night opening had resulted in very high DNAs, so this had been abandoned. Out-of-hours treatment is referred to 111 Emergency services. Within normal hours, emergencies can usually be seen on the same day.

## Practice Processes

**Registration:** this is done in person, at the patient's first consultation, at which a history and dental plan is discussed. Patients are not accepted for further treatment if they miss the first appointment, or miss two appointments in a course of treatment (although discretion is exercised if there are seen to be extenuating circumstances.).

**Attendance:** Appointments can be booked by telephone, or practice attendance. There is no on-line booking. Before each regular appointment is due, patients are sent a reminder letter and where possible, a text /phone reminder.

**Hygiene:** on the first floor there was a small well laid out decontamination room, where the practice cleans and sterilises its own dental instruments. There was a clear dirty-to-clean flow, and colour coding and logging of instruments.

## Staff and Training

The majority of dental training takes place in the partner practice. The practice has the Investors in People award, so induction and other training is formally monitored and logged.

## Services

**Information:** The surgery had a range of useful pamphlets and information available, and a helpful website.

As in several other practices, staff disliked the feedback on the NHS Choices website, reporting it as "*so upsetting*", although the feedback for this practice from the patients we spoke with was overwhelmingly positive. Comments included "*My dentist referred me for*

*specialised treatment following a car accident that gave me a clicking jaw, I have been a patient at this practice since a child and would not go anywhere else". Another said "I have been with this practice since my parents brought me and although I work and live away I return for my regular dental checks as I know here the care is excellent".*

#### **Feedback on services:**

We met with several patients, who were very positive about their treatment and ease of getting appointments: *'excellent', "wonderful", "I came here as a child and now my grown-up children come here", "no problem getting appointments"*.

Clinical staff reported satisfaction with the premises and equipment: and dentists and dental nurses work in consistent pairings, which helps their work.

Issues were raised by a clinician about difficulties in the treatment banding definitions e.g. *'what is an 'emergency' appointment?'* and reported that different funding providers interpreted the guidance differently. Another source of concern was the burden of inspection eg by the Deanery, IiP, the BDA, HE, the CQC. This occupied clinical time that could be spent on patients ... and yet *"no one inspects the standard of dentistry"*.

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## **Immediate Service Improvements**

None noted

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## **Recommendations**

None required

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## **Service Provider Response**

